

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/12/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/8/2013
Date of Injury: 7/28/2000
IMR Application Received: 8/5/2013
MAXIMUS Case Number: CM13-0006807

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Duragesic 25mcg/hour patch #15 with one (1) refill** is not medically necessary and appropriate.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Duragesic 100mcg topical #15 with one (1) refill** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/6/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Duragesic 25mcg/hour patch #15 with one (1) refill is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Duragesic 100mcg topical #15 with one (1) refill is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The Expert Reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient is a 49-year-old male that reported an injury on 07/28/2000. The mechanism of injury is unknown. The patient complains of pain to the thoracic spine and left knee. The patient's current medications include Duragesic 25 mcg/hour patch td72, Duragesic 100 mcg topical every 2 days, Norco 10/325 one twice a day as needed. The patient reported constipation and dry mouth as a side effect of the medications, which has been resolved. The patient's most recent urine toxicology screen is dated 07/08/2011, and had been documented as compliant with the patient's medication regimen. The request for Duragesic 25 mcg/hour patch and Duragesic 100 mcg topical was denied on 07/09/2013, citing lack of sufficient evidence. The special report dated 08/01/2013 stated the patient's condition is permanent and stationary, and unlikely to improve. The most recent clinical note submitted for review is dated 08/16/2013. It reports physical findings of no limitation in range of motion to the thoracic spine. On examination of paravertebral muscles, hypertonicity, spasms, tenderness, and tight muscle band is noted on the left side; no spinal process tenderness is noted. The clinical note reported motor strength to all extremities within normal limits, light touch sensation normal all over the body, and upper and lower extremities responded normally to reflex examination.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Duragesic 25mcg/hour patch #15 with one (1) refill :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines, Chronic Pain, Duragesic Page 44, Fentanyl Page 46, and Opioids, Pages 77-80, which is part of MTUS.

Rationale for the Decision:

The Chronic Pain guidelines state “for the long-term use of opioids, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented.” The clinical information submitted for review does indicate that the employee has had pain relief with the prescribed medication, the use of the medication is appropriate, and the clinical information has addressed the employee’s side effects. However, the clinical information does not include the objective physical findings to suggest improvement in the employee’s functional status. In addition, a pain assessment should include current pain; the last reported pain over the period since last assessment, average pain, intensity of pain after taking the opioids, how long it takes for pain relief, and how long pain relief lasts. The submitted documentation fails to provide evidence of such a detailed pain assessment. Furthermore, the guidelines recommend the use of random drug screening to ensure individual compliance with the prescribed medication. The documentation submitted for review shows the last drug screen to be more than 2 years old. **The request for Duragesic 25mcg/hour patch #15 with one (1) refill is not medically necessary and appropriate.**

2) Regarding the request for Duragesic 100mcg topical #15 with one (1) refill :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines, Chronic Pain, Duragesic Page 44, Fentanyl Page 46, and Opioids, Pages 77-80, which is part of MTUS.

Rationale for the Decision:

MTUS Guidelines state for the long-term use of opioids, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented. The clinical information submitted for review does indicate that the employee has had pain relief with the prescribed medication, the employee's medication use is appropriate, and the clinical information has addressed the employee's side effects. However, the clinical information does not include objective physical findings to suggest improvement in the employee's functional status. In addition, a pain assessment should include current pain; the last reported pain over the period since last assessment, average pain, intensity of pain after taking the opioids, how long it takes for pain relief, and how long pain relief lasts. The submitted documentation fails to provide evidence of such a detailed pain assessment. Furthermore, the guidelines recommend the use of random drug screening to ensure individual compliance with the prescribed medication. The documentation submitted for review shows the last drug screen to be more than 2 years old. **The request for Duragesic 100mcg topical #15 with one (1) refill is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.